



The Honorable Peter J. Roskam

☐ 507 Cannon House Office Building
Washington, D.C. 20515
202-225-4561
202-225-1166 fax

☒ 150 S. Bloomingdale Road, Suite 200 04-27-07A08:08 RCVD
Bloomingdale, IL 60108
630-893-9670
630-893-9735 fax

To: Capt (b) (6) Fax: 202-685-6077
Date: 4-25-07 Phone: 630-893-9670

From:

(b) (6)

Number of Pages (including cover sheet): 10

COMMENTS: _____

PETER J. ROSKAM

6TH DISTRICT, IL

**COMMITTEE ON FINANCIAL
SERVICES**

SUBCOMMITTEES:

**CAPITAL MARKETS, INSURANCE, AND
GOVERNMENT-SPONSORED
ENTERPRISES****DOMESTIC AND INTERNATIONAL
MONETARY POLICY, TRADE AND
TECHNOLOGY****OVERSIGHT AND INVESTIGATIONS****Congress of the United States****House of Representatives****Washington, DC 20515-1306****507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4561
(202) 225-1188 FAX****150 S. BLOOMINGDALE ROAD
SUITE 200
BLOOMINGDALE, IL 60108
(830) 893-9670
(830) 893-9736 FAX****www.roskam.house.gov**

April 25, 2007

Capt. (b) (6)
Director, House Liaison Office
Department of the Navy
B-324 Rayburn House Office Building
Washington, DC 20515-0001

Dear Capt. (b) (6)

My constituent, (b) (6) has requested my office to make an inquiry regarding the status of his case. He is looking for payment of Back pay. -blas

I would greatly appreciate any information you are able to provide. If you have any further questions or need clarification please contact my staff member, Miss. (b) (6) (b) (6), at 630-893-9670. Thank you for your time and attention.

Very truly yours,

Peter J. Roskam
Member of Congress

PJR/mm

Privacy Release Form

Congressman Peter Roskam, 6th Congressional District, IL

I understand under the Privacy Act of 1974. Federal Agencies are prohibited from releasing any information regarding an individual without that individual's written consent. Therefore, I hereby give you or your staff permission to make inquiries into my records kept by the:
(Your signature on this document is require for assistance)

(List the Federal Agency Here) DFAS CLEVELAND (NAVY) SOCIAL SECURITY

Name (b) (6)

Street (b) (6)

City (b) (6)

Home (b) (6)

Date (b) (6)

Veterans Claim Number (if applies) _____

Military Identification Number (if applies) _____

IRS Type of Tax _____ Tax yrs. Or periods _____

Other numbers identifying my case _____

Types of benefits I am seeking BACK PAY

Date and Place claim was filed 2-2-06

Please write a brief description of the problem with which you are requesting assistance (attach copies of additional documentation):

IN FEB 2006 I CHANGED BANK ACCOUNTS (SAME BANK)
THE DEFENCE FINANCIAL ACCOUNTING SERVICES (DFAS) CLEVELAND
DID NOT PUT IN MY INFO FOR DIRECT DEPOSIT CHANGE MY CHECKS.
WHERE RETURNED. I CALLED THEM IN FEB 2007 CONTACTED
THEM AND THEY SAID ALL I NEEDED WAS A LETTER FROM
THE VA OR SSN OFFICE TO GET REINSTATED. I DID
AS REQUESTED AND HAVE RECEIVED MONTHLY CHECKS
BUT MY BACK PAY OWED HAS NOT COME. I HAVE
LETTERS FROM THE SSN OFFICE AND THE VA.
STATING I AM ALIVE AND WELL.

Signature (b) (6)

Date 4-25-2007

return to :

Congressman Peter Roskam
150 South Bloomingdale Road, Suite 200
Bloomingdale, IL 60108

FAX COVER SHEET

U.S. House of Representatives
Washington, DC 20540
Tel: 202-225-3100
Fax: 202-225-4825
E-mail: [redacted]

Send to: Defense Finance and Accounting Service Retired and Annuity Pay	From: (b) (6)
Attention: Tanya	Date: April 5, 2007
Office Location:	Office Location:
Fax Number: 800-485-6559 314 533 7748	Phone Number: 630-532-4089

- X Urgent
- X Reply ASAP

Total pages, including cover 2:

Comments:

(b) (6)

This is the letter that they gave me. Please call me if this is not sufficient.

Thank You



DEPARTMENT OF VETERANS AFFAIRS
Chicago VA Regional Office
2122 West Taylor Street
Chicago Illinois 60612

In Reply Refer To: 328/21PCT/SEMMc
CSS 333.66.1091
(b) (6)
5 April 07

Dear SIR/MADAM:

On this date, during a personal interview conducted at the VA Regional Office, Chicago, the veteran requested confirmation that the records of the Department of Veterans Affairs (VA) disclose that he, (b) (6), is currently in receipt of 50 percent service connected disability compensation. These benefits are non-taxable.

Sincerely yours,

(b) (6)

Veterans Service Center Manager

Email us at: <http://iris.va.gov>

DATE OF BIRTH	1963JAN16	SSN	200	DD FORM	67	STATUS	BR	REMARKS	BR
DATE OF ISSUE	2002MAR18	MEDICAL	DIRECT: YES	CIVILIAN	YES	EFF DATE	2002FEB01	EXP DATE	2027DEC31

DD FORM 6 (RETIRED) 1 OCT 92 (PROPERTY OF US GOVERNMENT)

(b) (6)		

Fax Cover Sheet

(b) (6)

Send to: Defense Finance and Accounting Service Retired and Annuity Pay	From: (b) (6)
Attention: E. Woods, Military Pay Technician	Date: March 1,2007
Office Location:	Office Location:
Fax Number: 800-469-6559	Phone Number: 630-532-4089

- ☐ Urgent
- ☐ Reply ASAP
- ☐ Please comment
- ☐ Please Review
- ☐ For your Information

Total pages, including cover; 6

Comments:

In response to your letter of February 21,2007, copy attached.

: of 3)

LKY7012526329

FXI-B00150740125178425.002

in 25 07 04:00p

(b) (6)

(b) (6)

P.2

*** REC 2007024 164407 HA6312E0 AMIO CIPQYA4 PQA4 (F-AMI) ***

SOCIAL SECURITY ADMINISTRATION
SOCIAL SECURITY ADMINISTRATIONDate: January 24, 2007
Claim Number: 333-66-1091A
333-66-1091DI

SEND CHECK TO

(b) (6)

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Date of Birth Information

The date of birth shown on our records is January 16, 1963.

Other Important Information

ACCORDING TO OUR RECORDS MR (b) (6) IS STILL ALIVE. WE HAVE NO RECORDS SHOWING THAT HE DECEASED. MR (b) (6) VISITED OUR OFFICE 01/24/2007

SC Status: Enclosed is a letter showing I am active.

(b) (6)

of 3)

LKY7012526329

FXI=000150740125173425.003

n 25 07 04:00p

(b) (6)

(b) (6)

p.3

You Have Any Questions

If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at (b) (6). If you have any questions, you may call us at 1-800-772-1213, or call your local Social Security office at (b) (6). We can answer most questions over the phone. You can also write or visit any Social security office. The office that serves your area is located at:

SOCIAL SECURITY
790 FLETCHER DRIVE
ELGLN, IL 60123

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

(b) (6)



DEFENSE FINANCE AND ACCOUNTING SERVICE
Retired and Annuity Pay

333661091
February 21, 2007

(b) (6)

Dear Petty Officer (b) (6):

We received your letter in regards to your SC status. I have put your account back into a pay status, so you will receive your pay on MARCH 1. However in order to receive your back pay, your letter from the Social Security Administration must be on their letter head and stating that you had proper ID to prove who you are. Upon receipt of same your back pay will be issued. I am sorry for any inconvenience this may cause you.

Should you have any further questions, please contact us at Defense Finance and Accounting Service; US Military Retired Pay; P.O. Box 7130; London, KY 40742-7130; or call toll free 1-800-321-1080, commercial (216) 522-5955 (M-F from 7:00 a.m. to 7:30 p.m. ET). You may also send us a fax to, toll free 1-800-469-6559.

Sincerely,

(b) (6)

Retired and Annuity Pay

SOCIAL SECURITY ADMINISTRATION

REPORT OF CONFIDENTIAL
SOCIAL SECURITY BENEFIT INFORMATION

SOCIAL SECURITY CLAIM NUMBER
(b) (6)

BIC

Information about a person's Social Security Benefits is confidential by law. Except under certain circumstances specified by law and regulations, the Social Security Administration does not reveal such information to any person except the beneficiary involved, or his or her authorized representative.

Beneficiary's name and address	1. Name of person or agency from whom a request for benefit information was received.
(b) (6)	<input type="checkbox"/> Beneficiary
	<input type="checkbox"/> Other (Show name and address)

The person or agency named in item (1) above has requested information about your benefits. The information requested has been provided in the items checked (v) below, and is being sent to you for your convenience. If you want the requesting agency (other than yourself) to have this information, you may show or send them this official report.

2. <input type="checkbox"/> The gross amount of your monthly Social Security benefit is	\$
The amount deducted for Medicare is	\$
The net amount of your Social Security check each month is	\$
3. <input type="checkbox"/> The above amount became effective	Month-Year
4. <input type="checkbox"/> Your monthly benefit From (month-year) ; Through (month-year) (before deduction for Medicare).	\$
5. <input type="checkbox"/> The monthly amount of your Supplemental Security Income payment is	\$
6. <input type="checkbox"/> The above amount became effective	Month-Year
7. <input type="checkbox"/> The total monthly amount of your Social Security benefit and supplemental security income payment is	\$
8. <input type="checkbox"/> According to our records your date of birth is	Month-Daysyear
9. <input type="checkbox"/> We are unable, at this time, to tell you whether benefits may be payable in your case, because the processing of your claim for disability benefits has not been completed. If it is determined that benefits are payable, you will receive notification of the exact amount and effective date	
10. <input checked="" type="checkbox"/> Other	

ACCORDING TO OUR RECORDS MR (b) (6) IS NOT DECEASED. HE VISITED THE LOCAL SOCIAL SECURITY OFFICE ON 01/24/2007. HE HAS SHOWN ME VALID ID PROVING THAT HE IS STILL ALIVE.

SS DISTRICT OFFICE ADDRESS	(b) (6)	ED OFFICIAL
230 West Lake Street		
Bloomington, IL 60108-1046		
TELEPHONE NO. (include Area Code)	DATE	
(630) 307-8863 223	02-27-2007	